

OFFICIAL LOCAL FORM 3

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

CHAPTER 13 PLAN COVER SHEET

Filing Date: March 23, 2016
Debtor: Donald E Johnson
SS#: xxx-xx-5711
Address: 100 Taylor Street
Quincy, MA 02170

Docket #: _____
Co-Debtor: _____
SS#: _____
Address: _____

Debtor's Counsel: Richard D. Smeloff 567869ATY
500 Granite Ave
Suites 7&8
Address: Milton, MA 02186
Telephone #: 617-690-2124
Facsimile #: 617-690-2506

ATTACHED TO THIS COVER SHEET IS THE CHAPTER 13 PLAN FILED BY THE DEBTOR(S) IN THIS CASE. THIS PLAN SETS OUT THE PROPOSED TREATMENT OF THE CLAIMS OF CREDITORS. THE CLAIMS ARE SET FORTH IN THE BANKRUPTCY SCHEDULES FILED BY DEBTOR(S) WITH THE BANKRUPTCY COURT.

YOU WILL RECEIVE A SEPARATE NOTICE FROM THE BANKRUPTCY COURT OF THE SCHEDULED CREDITORS' MEETING PURSUANT TO 11 U.S.C. § 341. THAT NOTICE WILL ALSO ESTABLISH THE BAR DATE FOR FILING PROOFS OF CLAIMS.

PURSUANT TO THE MASSACHUSETTS LOCAL BANKRUPTCY RULES, YOU HAVE UNTIL THIRTY (30) DAYS AFTER THE § 341 MEETING OR THIRTY (30) DAYS AFTER THE SERVICE OF AN AMENDED OR MODIFIED PLAN TO FILE AN OBJECTION TO CONFIRMATION OF THE CHAPTER 13 PLAN, WHICH OBJECTION MUST BE SERVED ON THE DEBTOR, DEBTOR'S COUNSEL AND THE CHAPTER 13 TRUSTEE.

OFFICIAL LOCAL FORM 3

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

PRE-CONFIRMATION CHAPTER 13 PLAN

CHAPTER 13 PLAN

Docket No.: _____

DEBTOR(S): (H) Donald E Johnson SS# xxx-xx-5711
(W) _____ SS# _____

I. PLAN PAYMENT AND TERM:

Debtor's shall pay monthly to the Trustee the sum of \$ 990.00 for the term of:

☐ 36 Months. 11 U.S.C. § 1325(b)(4)(A)(i);

☒ 60 Months. 11 U.S.C. § 1325(b)(4)(A)(ii);

☐ 60 Months. 11 U.S.C. § 1322(d)(2). Debtor avers the following cause:

_____; or

☐ ____ Months. The Debtor states as reasons therefore:

II. SECURED CLAIMS

A. Claims to be paid through the plan (including arrears):

Creditor	Description of Claim (pre-petition arrears, purchase money, etc.)	Amount of Claim
<u>Ditech Financial Llc</u>	<u>Pre-petition arrears</u>	\$ <u>52,458.00</u>

Total of secured claims to be paid through the Plan \$ 52,458.00

B. Claims to be paid directly by debtor to creditors (Not through Plan):

Creditor	Description of Claim
<u>Ditech Financial Llc</u>	<u>Mortgage</u>

C. Modification of Secured Claims:

Creditor	Details of Modification (Additional Details May Be Attached)	Amt. of Claim to Be Paid Through Plan
<u>-NONE-</u>		

D. Leases:

- i. The Debtor(s) intend(s) to reject the residential/personal property lease claims of -NONE-
; or
- ii. The Debtor(s) intend(s) to assume the residential/personal property lease claims of -NONE-
.
- iii. The arrears under the lease to be paid under the plan are 0.00.

III. PRIORITY CLAIMS

A. Domestic Support Obligations:

Creditor	Description of Claim	Amount of Claim
<u>-NONE-</u>		\$

B. Other:

Creditor	Description of Claim	Amount of Claim
<u>-NONE-</u>		\$

Total of Priority Claims to Be Paid Through the Plan \$ 0.00

IV. ADMINISTRATIVE CLAIMS

A. Attorneys fees (to be paid through the plan): \$ 1,000.00

B. Miscellaneous fees:

Creditor	Description of Claim	Amount of Claim
<u>-NONE-</u>		\$

C. The Chapter 13 Trustee's fee is determined by Order of the United States Attorney General. The calculation of the Plan payment set forth utilizes a 10% Trustee's commission.

V. UNSECURED CLAIMS

The general unsecured creditors shall receive a dividend of 0 % of their claims.

A. General unsecured claims: \$ 8,469.00

B. Undersecured claims arising after lien avoidance/cramdown:

Creditor	Description of Claim	Amount of Claim
<u>-NONE-</u>		\$

C. Non-Dischargeable Unsecured Claims:

Creditor	Description of claim	Amount of Claim
<u>-NONE-</u>		\$

Total of Unsecured Claims (A + B + C): 8,469.00

\$

D. Multiply total by percentage: \$ 0.00
(Example: Total of \$38,500.00 x .22 dividend = \$8,470.00)

E. Separately classified unsecured claims (co-borrower, etc.):

Creditor	Description of claim	Amount of claim
-NONE-		\$
Total amount of separately classified claims payable at ____%		\$ 0.00

VI. OTHER PROVISIONS

A. Liquidation of assets to be used to fund plan:

B. Miscellaneous provisions:

In order to receive a distribution under the Plan, a Proof of Claim must be timely filed.

VII. CALCULATION OF PLAN PAYMENT

A) Secured claims (Section I-A Total):	\$ 52,458.00
B) Priority claims (Section II-A&B Total):	\$ 0.00
C) Administrative claims (Section III-A&B Total):	\$ 1,000.00
D) Regular unsecured claims (Section IV-D Total):+	\$ 0.00
E) Separately classified unsecured claims:	\$ 0.00
F) Total of a + b + c + d + e above:	= \$ 53,458.00
G) Divide (f) by .90 for total including Trustee's fee:	
	Cost of Plan= \$ 59,398.20
(This represents the total amount to be paid into the Chapter 13 plan)	
H. Divide (G), Cost of Plan, by Term of Plan,	60 months
I. Round up to nearest dollar for Monthly Plan Payment:	\$ 990.00
(Enter this amount on page 1)	

Pursuant to 11 U.S.C. § 1326(a) (1), unless the Court orders otherwise, a debtor shall commence making the payments proposed by a plan within thirty (30) days after the petition is filed. Pursuant to 11 U.S.C. §1326(a)(1)(C), the debtor shall make preconfirmation adequate protection payments directly to the secured creditor.

VIII. LIQUIDATION ANALYSIS

A. Real Estate:

Address	Fair Market Value	Total Amount of Recorded Liens (Schedule D)
100 Taylor Street Quincy, MA 02170 Norfolk County	\$ 470,528.00	\$ 404,127.00
Total Net Equity for Real Property:	\$ 66,401.00	
Less Exemptions (Schedule C):	\$ 66,401.00	
Available Chapter 7:	\$ 0.00	

B. Automobile (Describe year, make and model):

2016 Toyota Camry 10,000 miles Value \$ **14,763.00** Lien \$ **0.00** Exemption \$ **14,763.00**

Total Net Equity: \$ **14,763.00**
Less Exemptions (Schedule C): \$ **14,763.00**
Available Chapter 7: \$ **0.00**

C. All other Assets (All remaining items on Schedule B): (Itemize as necessary)

Household Furnishings

Clothing

Misc Jewelry

Cash on hand

Checking: Citizens Bank

Deferred Comp: Empower Retirement

Pension: Commonwealth of Massachusetts

Term Life Insurance _ through Commonwealth of Massachusetts Pension

Total Net Value: \$ **48,298.00**
Less Exemptions (Schedule C): \$ **48,298.00**
Available Chapter 7: \$ **0.00**

D. Summary of Liquidation Analysis (total amount available under Chapter 7):

Net Equity (A and B) plus Other Assets (C) less all claimed exemptions: \$ **0.00**

E. Additional Comments regarding Liquidation Analysis:

IX. SIGNATURES

Pursuant to the Chapter 13 rules, the debtor or his or her attorney is required to serve a copy of the Plan upon the Chapter 13 Trustee, all creditors and interested parties, and to file a Certificate of Service accordingly.

/s/ Richard D. Smeloff

March 23, 2016

Richard D. Smeloff 567869ATY

Date

Debtor's Attorney

Attorney's

Address:

**500 Granite Ave
Suites 7&8
Milton, MA 02186**

Tel. #: **617-690-2124 Fax:617-690-2506**

Email Address: _____

I/WE DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Date **March 23, 2016**

Signature **/s/ Donald E Johnson**

Donald E Johnson

Debtor

**United States Bankruptcy Court
District of Massachusetts**

In re Donald E Johnson

Debtor(s)

Case No.

Chapter

13

CERTIFICATE OF SERVICE

I hereby certify that on **March 31, 2016**, a copy of **the Plan** was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

Bank of America
Nc4-105-03-14
Po Box 26012
Greensboro, NC 27410

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Chase Card Services
Po Box 15298
Wilmington, DE 19050

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

Ditech Financial LLC
Po Box 6172
Rapid City, SD 57709

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Harmon Law Offices
150 California Street
Newton, MA 02458

Merrick Bank/Geico Card
Po Box 23356
Pittsburg, PA 15222

Synchrony Bank/Walmart
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Tribute/atlanticus
Po Box 105555
Atlanta, GA 30348

/s/ Richard D. Smeloff

Richard D. Smeloff 567869ATY
Smeloff & Associates
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617-690-2124Fax:617-690-2506